HEALTH

ESTD. 1923

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MADRAS

A JOURNAL DEVOTED TO HEALTHFUL LIVING

361/1-53

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Price FOUR Annas.

EDITED BY U. VASUDEVA RAU, M.B., B.S.

What's New in the News?

Only half world's women married

Only about half the world's women are married, according to figures published by the French Statistical Institute.

Bulgaria and India have the largest percentage of women over the age of 15 who are married—in each case just over 70 per cent. Britain comes 16th on the list with 53 per cent married. At the bottom of the list are Finland, with 46 per cent, and Ireland, with 40 per cent. (*The Mail*, Madras).

●

Fine linen and its origin

The odours of retting flax :—Many a dainty lady delicately wiping her dainty nose with the finest of linens, for all time would shift to paper tissues if she were to know the dreadful process of retting—*rotting*—flax as one of the steps in its manufacture. For centuries, Italy's flax farmers have maintained retting pools, re-used every year at harvest time. The more polluted, the more putrid and the more contaminated these ponds are made, the quicker, the more satisfactory the retting. Into the already stagnant stinking water of these ponds are dumped all manner of unmentionable rotting agents including garbage, excreta, dead animals. The resulting odours are horrible.—(*Indust. Med. Surgery*, Nov. 1951).

●

'Ape Man' at Night
Poser for London Doctors

A 42-year-old man has told London doctors that he becomes an "ape man" in the night.

He lives a normal life during the day, but at 2 o'clock in the morning "an irresistible call from the jungle" takes control. He leaps from his bed on all fours, growls unintelligibly, becomes aggressive, and climbs trees with apelike agility.

Doctors are keeping the man's name a close secret while they are diagnosing. The "ape man" came back to England from *India* a few years ago.

A psychiatrist reported him normal. Then he tried an experiment stimulating sleep conditions and immediately the man began to talk about monkeys and gorillas. He got out of bed, hunched his back like an ape, and shuffled off into the garden.

A medical report says the man lives the life of an "ape man" until the dawn breaks, and he awakens.—(*The Mail*, Madras, 26-11-1952).

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HEALTH

A Journal Devoted to Healthful Living

Founded by the late Dr. U. Rama Rau in 1923.

Edited by U. Vasudeva Rau, M.B., B.S.

Annual Subscription : Rs. 2-8. Foreign : Sh. 5. Post paid. Single Copy As. 4.

Editorial and Publishing Office : 323-24, Thambu Chetty St., Madras-1.

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2 AUG 1955
MADRAS

Vol. XXXI JANUARY, 1953 No. 1

1952 AND 1953

Let Us Take Stock and State Our Basic Needs

We all know that commercial firms, Government and public institutions usually take an inventory every year at a specified time, of the stocks on hand at the end of the year and those required for the coming year. A similar procedure in the matter of the people's progress and further needs in matters of health, undertaken at the beginning of the New Year will keep us and those responsible for the maintenance of the health and welfare of the community, reminded of their duties, rights and responsibilities.

In the year that has just come to a close (1952) we had occasion to refer from time to time, to a variety of health problems which required and which wholly or partly received attention from the powers that be.

In retrospect then, we may recall the New Year resolve which we enjoined on our readers in January 1952 that they should contribute their mite towards the amelioration of their unfortunate brethren—victims of tuberculosis, leprosy etc. We learn that there was good response to the appeals made by us and by the National Tuberculosis Association and other Committees, though it was not as generous as the magnitude of the problems demanded. So, we have no hesitation in reiterating our request to the people of our country to come forward with more liberal and generous donations during the coming year. Without such sustained co-operation and generous help, it will not be possible to make satisfactory headway in the eradication of these dire diseases from our midst.

The year that has just passed witnessed many-sided activities in the fields of medicine and public health. Public philanthropy brought into existence some useful and necessary institutions, (sanatoria, child-welfare clinics and maternity hospitals) in various places. International organizations like the WHO and UNICEF, contributed liberally towards the betterment of the Nation's health and organized large scale anti-malarial operations for reclaiming very large tracts of highly malarial swamps and turning them into fertile agricultural lands where people have since settled down and are carrying on agricultural operations without the risk of malarial infection.

Among many other helpful measures undertaken by them are:— (1) BCG vaccination against tuberculosis on a nation-wide scale, for the control and ultimate eradication of tuberculosis in India; (2) an intensive and well-planned anti-venereal campaign in highly endemic areas; (3) opening family-planning centres to test out the rhythm method and other procedures for birth-control and family limitation; (4) helping leprosy clinics; (5) organizations for prevention and cure of blindness; (6) providing expert personnel for these organizations; (7) the establishment of a penicillin manufacturing centre; (8) and of a D.D.T. manufacturing plant to supply the entire needs of India; and (9) the opening of a cancer research centre at Bombay and other useful projects. The New Zealand Government provided a very large sum of money for the establishment in Delhi of an All-India Medical Institute for giving post-graduate training to medical graduates on an All-India-basis to start with. In some of the States, tuberculosis sanatoria and rehabilitation centres for discharged tubercular patients have come into being, thanks to public philanthropy.

The installation of a Radon plant at the Institute of Nuclear Physics at Calcutta, within the premises of the University Science College to produce radon gas, is the latest among the valuable additions to the armamentaria designed for the treatment of disease. Radon gas is used for the radio-active treatment of cancer and other malignant diseases. At present radio-active Iodine (131) produced in England and U.S.A. is flown out from these countries and immediately after arrival at Dum Dum airport it is rushed to the Institute where, in the meantime, patients are laid on the table for administration of the new drug. While the life of radium is 1600 years, the life of the radon gas is only 4 days but as the gas is continuously evolved from the non-stop working of the plant, the cost of radon gas will be almost *nil* except however, the cost of maintenance and operation of the plant. Treatment with this gas will thus be cheaper and within the means of the poor. We are told that the prevalence of cancer in India is on the increase and therefore, this new discovery and the provision of facilities for producing and distributing the valuable remedy constitute an important advance in medical treatment. We are told this Insti-

tute will, as soon as it goes into production, be able to give a permanent isotope-service to all hospitals in India.

The "Rural Medical Relief" problem continues, however, to be a bugbear and a headache to the Central and States Governments who have been busy considering a variety of schemes and methods for affording medical relief to the rural areas but so far without practical results. Mobile dispensaries have been proposed as the most practical solution under existing conditions. The dearth of medical personnel and the unwillingness of the medical graduates to go to the rural areas to set up practice, the absence of amenities and facilities in rural areas sufficient to attract even those with modest aspirations, and the miserably poor remuneration offered by the Government and local bodies to the rural medical practitioners have all severally and jointly conspired to bring about this sorry state of affairs. The proposal to institute a shorter course of medical training in the Madras State to turn out a larger number of practitioners with basic medical qualifications, such as is reported to have been recently introduced in the Madhya Pradesh (Nagpur) —with what results, time alone can decide—is being strongly and perhaps rightly opposed by the medical profession and by the public. If the States could afford to give better salary and offer decent prospects, the solution to the problem will not be so difficult as it is at present. Quite a good number of medical graduates would willingly go to the rural areas and settle down. They should also be given adequate facilities in the shape of good accommodation and equipment, a compounder, a midwife or a nurse and suitable instruments and apparatus. These no doubt will cost the Government a good sum of money; but this will have to be found, if the States Governments realise that the first and foremost consideration in any programme of national development or reconstruction (including the many irrigation projects under way for augmenting the food supply to the nation) is the physical health and well-being of the millions of persons to be employed in the execution of those important projects and schemes. It is an accepted and abundantly proven fact that the quality and amount of work turned out will depend entirely on the physical stamina and consequent mental alertness in the workers. And so the money spent on improving and maintaining the health of the people, will pay ample dividends in the shape of more sustained and better work and conversely large sums of money expended on employing labourers who are not in perfect health and good physique for carrying out major irrigation and other projects will not yield adequate returns, and will also result in an avoidable waste.

Unfortunately in our country the subject of Public Health is relegated to a very minor place in the scheme of things, while it is a major head in the budgets of the American and European countries and top priority is given to all public health measures designed to improve the physique of the nation by eradicating diseases like tuberculosis, malaria and leprosy, cholera etc.

There is thus quite a large ground to cover in the field of preventive medicine in our country. People should learn to cooperate with the government and at the same time make their primary needs felt by the government with a view to getting the government to provide the *minimum basic amenities* required by the millions of people living at present under the most unhygienic conditions in rural India. May God help us and the Governments to achieve this end and may the New Year bring us nearer to this goal.

JAI HIND.

How to Live Long

Having attained the age of eighty, Bertrand Russell, the famous English philosopher, has sought to find out what influences conduce to long life. Like other investigators, he has learned that there is nothing like a mathematical formula. Men and women with all kinds of living habits manage to pass the four score mark. A few of them have been constant drinkers, some persistent smokers. Mr. Russell cites George Bernard Shaw, who was both a vegetarian and an abstainer from alcohol. But Mr. Russell thinks he was also favoured by his pugnacity. In such studies heredity is usually mentioned at the outset. This is important but not decisive. Both of Mr. Russell's parents died when he was an infant. He was a teetotaller until he was forty-two. He has practised no particular diet but has avoided every kind of excess, and taken abundant exercise. He believes that activity is highly desirable. Retirement spells boredom and that may be fatal. A sense of humor no doubt helps.–(*Good Health*, Sep. '52).

[NOTE: Earl Bertrand Russell aged 80 philosopher and writer was married for the fourth time a few weeks ago to Miss Edith Finch, American authoress aged 52.—*The Mail*, Madras, 16-12-'52].

How to Leave off Smoking

Advice on how to quit smoking is given by Dr. Gelolo McHugh, psychologist, of Duke University, based on his experience with 600 persons over a period of five years. First he tells what not to do. Do not appeal to the cigarette user's sense of reasoning by warning him of the danger of gastric ulcers or cancer of the lung. Do not swear off abruptly. This is risky because if one fails, the next attempt will be that much harder. Limiting oneself to eight or ten cigarettes a day is decried because it keeps the thought of smoking uppermost in the mind. Here is the method recommended by Dr. McHugh: refrain from smoking for one or two hours after getting up. After a time gradually increase the period of abstinence. You will find you are not inclined to make up later in the day for your curtailment in the early hours. In due time you will reach the goal of entire withdrawal. It might be added that perhaps some friends will aid you. Perhaps some others will insist on your sharing their pack !—(*Good Health*, U.S.A.).

The Menace of Food Adulteration

(STEPS TO CHECK THE GROWING EVIL)

Rao Saheb T. N. S. RAGHAVACHARI,

Retired Public Health Bacteriologist,
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THAT the adulteration of foods has been on the increase and is fast becoming a serious menace to the health of our people, cannot be gainsaid. That the Union-Government are at last impressed with the magnitude of this grave menace is evident from the fact that there is a move on their part to introduce a comprehensive national statute to replace the individual States Laws, which have been enacted and are functioning in a few States and that too, inefficiently at present. The Union-Government propose to set up a Central Food Laboratory which will deal with disputed samples as the final appellate authority and also appoint a Central Committee for laying down food standards. When the Food Adulteration Act in the States was ushered in, under a flourish of trumpets, the people were in hopes that their troubles with unscrupulous food vendors were at an end. They were however, soon disillusioned. The large extra expenditure to the State and local bodies in establishing and maintaining the necessary large staff and equipment involved was not commensurate with the real benefit that accrued to the people, and this was due to several causes. Chief among these were, the apathy and indifference of the public in promptly reporting to the authorities cases of adulteration which come to their knowledge, the reluctance of the detecting staff when they got reports from the public to take action against the offenders for various considerations, and above all the very light punishment inflicted by magistrates on the offenders who were put up for trial. Deterrent punishments are not given even in the case of old offenders who had been found guilty and fined several times before. Again, the severe limitation placed by Government on the number of samples that a Municipality or Panchayat Board may send for analysis to the Government Laboratory is also a serious handicap in the matter bringing the large number of offenders to book. The enforcement of a well-meant measure of protection has thus suffered from lack of support and more from a hopeless inadequacy of the machinery for detection of offences under the Act and of laboratories for analysing the numerous adulterated samples. It therefore, remains to be seen how far the Central Government's legislation will mark an improvement over what has obtained hitherto.

The number of food products that are unscrupulously subjected to adulteration are so many and the vendors dealing in them are so numerous that unless each town has its own food analysis laboratory and a conscientious and scrupulously honest staff for detecting

those engaged in adulteration, there is hardly any chance for putting down this growing menace. Adulteration, like its big brother black-marketing, is a very paying business. And after the war, the consumer's voice has become a voice in the wilderness and quite futile against organized and entrenched vested interests. The result is that at the present day there is not one food product which we can hope to get in the open market in a pure unadulterated condition, except at very high cost which is often six to ten times the pre-war level. Though Co-operative Societies have been trying to help the public to obtain limited supplies of food materials in their pure state, much success has not attended their efforts, and the consumer is at the mercy of the trafficker in adulterated food stuffs. Legislative enactments and laying down of standards should not remain only pious wishes and adorn the pages of the Statute books without being vigorously enforced. Since the introduction, over 20 years ago, of the Food Adulteration Act in the Madras State, only one per cent or a trifle more of the thousands of milk vendors who systematically trade in heavily adulterated milk, would have been prosecuted and fined. Pure ghee has become a rare commodity, and in the ghee trade adulteration is rampant. Sri Thakurdas Bharghava was one of the speakers in the Union-Parliament when the new Bill was introduced by the Health Minister and he said that ghee was adulterated with Vanaspathi, and Vanaspathi was adulterated with motor oil and white oil!

Now what is the remedy for all this? As regards milk and milk products, the States Governments should nationalise the trade or create co-operative organizations subsidized and controlled by them, in every town and run dairy farms. We learn that the Aarey Colony in Bombay sponsored by the City Corporation and the Government has completely solved Bombay city's milk problem and the city is now enjoying the benefit of an excellent and pure milk supply. Fortunately in our vast country there is no dearth of large and extensive open areas adjoining every town and the opening of dairy farms will be quite feasible. Unless the Governments of the States promptly intervened and took over the milk and ghee trade as State ventures, the adulteration problem cannot be solved. And legislation alone, can never suppress the evil of adulteration, in view of the many defects, handicaps and loop-holes that have been pointed out elsewhere in this article.

How Tobacco Acts

One of the effects of smoking is to inhibit the secretion of urine. Dr. J. H. Burn reports some tests in connection with this in the *British Medical Journal* (July 21, 1951). He found that the reason for this action was the release of the pituitary antidiuretic hormone, which is found in the urine after smoking. Injections of nicotine had the same result. This hormone is believed to constrict the blood vessels, including the coronary ones. Smoking one or two cigarettes liberates three to 190 milli-units. The statement is made that the use of tobacco is especially to be avoided by those who show signs of heart irregularity or coronary involvement.—(*Good Health*, U.S.A. July, 1952).

THE USE AND ABUSE OF DRUGS

In the Treatment of Tuberculosis of the Lungs

Dr. JOHN G. DAVID, Medical Superintendent,
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THE progress of science has resulted in the discovery of many new drugs. It is now possible to treat successfully with certain new specifics, many infectious diseases hitherto considered incurable. Pneumonia and Typhoid are examples that are thus controlled and successfully treated with antibiotics. There are some diseases for which no specific drug has been discovered so far and tuberculosis of the lungs is one of them.

During recent years many drugs have been tried in treating this disease. The most promising ones are Streptomycin and PAS and quite recently also Isonicotinic acid hydrazide. These are to be considered only adjuncts to the other well-tried and proven remedies. None of the new drugs exert any specific action on the tuberculosis germ. Some of them arrest or temporarily check the progress of the disease, but their beneficial effects are counteracted by the development of strains of bacilli resistant to these drugs when used for a long time. This was indeed a serious handicap in successful treatment but combinations of one or more of these drugs have since been found in many cases to delay, if not completely prevent the formation of such resistant strains.

The use of calcium is said to be of very little use in the treatment of tuberculosis of the lungs. Yet it is however used widely by doctors with fairly satisfactory results. Combined with vitamin C, it has done good to many patients clinically.

In most cases of tuberculosis, drugs are used to build up the general health. Various medicaments like preparations of cod liver oil, vitamins of different types, either alone or in combination are available in the market. These are sometimes very useful to patients who have a lowered vitality which makes it difficult for them to resist and overcome severe infections, like tuberculosis of the lungs. General vitality is necessary for the successful treatment of tuberculosis and when this vitality cannot be restored or maintained by diet alone, some substitute in the form of tonics is indicated. The tonic selected must be one which has been tested and found effective by competent independent medical men, as a result of prolonged use.

Sometimes drugs have to be used to combat an accompanying or inter-current disease, which may also affect tuberculosis patients. Malaria is very common

in the tropics and does not make an exception of the tuberculous patient who must be treated also for malaria when he gets it. Preparations containing iron, liver, vitamins especially of the B group either alone or in combination are administered under medical advice to combat the weakness and anæmia which usually follow malarial or other fevers. A troublesome cough may need a sedative mixture to relieve the distress of the patient. Difficulty in bringing out the phlegm will require another mixture or the addition of some fresh ingredient to the old mixture to bring the phlegm out easily. A high temperature is always a source of anxiety and worry to the patient and his relatives or attendants. Aspro, Aspirin, Cafiaspirin, Veganin, Codopyrin are commonly used by patients, even without the doctor's advice or prescription. Persistent sleeplessness will perhaps need a mild hypnotic. Loss of appetite and digestive upsets also require treatment with special medicines. But one must always remember that many of these symptoms are due to worry and anxiety caused by prolonged suffering from the disease and that the continued use of these drugs is not always safe. Cough mixtures generally contain opium or its derivatives and when used for a long time, lead to habit formation which is very difficult to shake off. Prolonged use of such drugs is therefore, harmful to the patient.

Many of these troublesome symptoms can be easily overcome by ordinary, harmless methods. Cough, for example can be controlled by suppressing the first tickling sensation in the throat either by deliberate effort or by sips of water. A distressing and troublesome cough to bring out the phlegm will be helped by drinking warm water with a pinch of salt and bicarbonate of soda. Gargling the throat with warm salt water after meals and before going to bed and cleaning the teeth atleast twice a day will greatly help in controlling an irritant cough, especially when it is caused by congestion in the throat. Sleeplessness can be overcome by taking a cup of warm milk or Ovaltine immediately before retiring to bed. A cup of hot milk in which a small bit of turmeric and two or three seeds of whole pepper are boiled for ten minutes, will control irritating cough and induce sleep.

Patent medicines are sought after by some patients who fondly expect a quick recovery. In my experience I have never found it necessary to prescribe any special tonics to patients who take a nourishing diet and are able to assimilate it; their increase in weight was just the same as in those who take costly and widely advertised tonics. Therefore, a few words of advice and warning to my readers, will not be out of place :—

1. "Do not take any drug, however harmless it may appear, unless it is prescribed by a qualified and competent doctor, with experience in tuberculosis treatment. All medicines are harmful unless they are taken for a specific purpose. As the nature and action of drugs are known only to the doctor, his advice must be

taken in every case, when a specific drug is considered necessary by the patient. It often happens that a drug which succeeds in one case is a total failure in another, because the nature and symptoms and the temperamental factors vary in different patients.

2. Do not take any drug in excess, in the hope of achieving rapid cure. This is particularly to be remembered while taking tonics and vitamins. Many patients take a variety of tonics appearing under different names, which actually contain the same ingredients only to find that they are taking a great deal more than what is good or necessary for them.

3. Do not continue useful drugs longer than you are advised to use, even when you feel greatly benefited by them. This caution is important particularly when taking the socalled 'Miracle drugs', like Streptomycin, PAS, and Isonicotinic acid hydrazide. When used over a long time, they not only produce certain toxic poisonous effects in the system but also cause the formation of resistant types of tubercle germs which are not at all affected by further use of these drugs or for that matter of any drugs. These drugs are still in the experimental stage and many points about their good and bad effects have still to be solved. But the fact that these drugs have no specific action on the tuberculosis germs and cannot be expected to effect any miracle cure when used alone, has been conclusively proved by trials so far made and experience, thus far gained.

In conclusion be it remembered that, drugs are only aids to the regular time-honoured methods of treatment of tuberculosis of the lungs. They cannot be expected to confer the benefits one can obtain by rest, food and fresh-air which are the well tried agents in arresting the disease. Until a specific drug against tuberculosis is discovered, too much reliance on the drugs now in use will only result in avoidable waste of money, time and energy and often in grievous disappointment too. The orthodox conservative line of treatment may be slower in giving results but do not forget, '*Slow and steady wins the race*'.

Clashing Views on Coffee

In the midst of a $ 1,500,000 campaign in Brazil to push the consumption of coffee in the United States, a sharply discordant note was struck. The magazine *Health*, published by the National Health Education Service, came out with a blast against the harm done by this beverage. It said: "One should not be deceived by the false sense of well-being given by alcohol and coffee, which deprive the body of indispensable nourishment and rest." The propaganda fund is being spent on the frank plea that the bean is a large source of income to Brazil. People in the United States are urged to drink more of the beverage because Balzac and D'Annunzio consumed huge quantities of it. Neither man, however able as a writer, could be considered a model to follow as far as health practices are concerned. Coffee contains caffeine, which like nicotine is a harmful drug. (*Good Health*, U.S.A., Sept. 1952).

INFANT WELFARE (For Mothers Only)

R. DWARAKANATH, B.A. (Hons.),
"Chandrika," Madras-16,

ARE women today doing a better job of being mothers? That was one of the queries in a questionnaire issued by the National Institute of Human Relations in America, with a view to assessing the functions discharged by the modern Eve as compared with her sister of fifty years ago. The answer that came was '*No*'. The authors responsible for the collection of data state, "since the turn of the century mothers have more and more been shifting their responsibility of child-rearing to 'the schools and churches". It will not be an overstatement, to say that infant rearing today, is also getting slowly shifted to the care of deputies, grandmothers, *ayahs* or/and nurses.

Modern women are now taking to desks and type-writers as zealously as they did formerly to the hearth and the home. And this is stated by some to be a healthy sign!; indeed so, if judged by the modern civilization standards. But this obviously fails to take note of the baby's needs and basic birth-right, denied to him thereby, *viz.*, breast-feeding. The modern mother, engaged in secretarial and social activities fancies club life very much, and delegates her sacred and lovable duty to a wet nurse or an *ayah*. It is indeed an unhealthy and unwelcome change to shift responsibility thus. For such a shift is fraught with very many potential risks to the health and to the mental and moral upbringing of the child. This tendency on the part of the modern mother is accelerated by the fact that artificial feeding of babies has been made somewhat more safe, and satisfactory than it used to be. But this permissive factor should not rush mothers to the "civilized conclusion" that artificial feeding is quite *as good as* breast-feeding, if not better.

They forget that breast milk is unique in its composition and in the wonderfully good nourishment it carries for the baby. It is a perennially fresh food specially adapted for the baby's growth prepared by its own mother. Even the best of artificial foods can never aspire to compete with the mother's breast-milk. The uniqueness of breast-milk consists also in the fact that it comes to the baby as soon as it wants, absolutely fresh, untouched by hand, with its nutrients intact, pure and uncontaminated bacteriologically. As the baby keeps growing the composition of the breast-milk also gets altered but the baby's further unhampered growth may need small supplements of protein, after the sixth month. Good cow's milk given twice a day, once in the morning and again at night (10 ounces each time) will meet this need.

The mother can, by adapting or altering her diet so as to obtain the maximum food value, ensure to her baby a food superior in every respect to the most popular widely advertised and highly praised amongst the best artificial

foods on the market. What is meant by the best food? The answer is simple, and relates to the prized possession of the mothers within their own bodies, though this may not appeal to the imagination of the modern fashionable women.

Nursing mothers need adequate quantities of suitable foods for the preservation of health, notably proteins, B vitamins and iron; this is a well established scientific truth. The simplest solution to the problem of infant feeding is "Adhere to the *regimen* which was laid down by our forefathers for pregnant women and nursing mothers, and which our mothers and grandmothers adopted in bringing us up." It will be a fascinating study indeed, if this traditional regimen of our forebears is examined and assayed in the light of modern knowledge based on scientific researches.

The *enceinte* woman of old, who came back to her parent's house, was given *adequate rest* and food that was rich in the three essential nutrients, *viz.*, proteins, B vitamins and iron. In South India, when an *enceinte* daughter came home for confinement, the parents provided her with liberal quantities of fried pulses—"*varupayaru*" (Tamil) a mixture of sprouted pulses specially prepared to suit the palate and caprices of pregnant women: rice, wheat, Bengal gram, green gram, black gram, horse gram, red gram, lablab seeds, gingelly seeds; groundnuts are also added to this mixture. They are first soaked in water overnight and allowed to sprout and air-dried before being gently fried. The tabular statement on page 12 shows at a glance the normal protein, iron and calorific values of the pulses *before* sprouting. The process of allowing them to sprout greatly enhances their food values particularly because the vitamins in them come into their own and confer increased benefits on the users.

Soon after delivery the nursing mother of old, was administered a home made confection (*Lehiyam*), twice a day for about six weeks. This *Lehiyam* was prepared out of a number of medicinal drugs and spices - listed in the table (selected to suit individual needs) *plus* almonds, cashewnuts, and raisins, besides the ghee, jaggery and honey which were used to finalise the preparation. It will be seen that everyone of the spices and condiments used is rich in proteins and organic iron and contains calcium and vitamins A and B. The vitamin A is present as carotene and B in one or more of its complex components. This *Lehiyam* was administered twice a day with the express purpose (1) of increasing the yield of nutritious milk in the nursing mother and (2) of giving tone to the uterus which bore great strain during the preceding nine months. This medicinal confection, pleasant and palatable to the palate, is rich in proteins and in readily assimilable organic iron; naturally therefore, it exerted a most potent effect and enabled the mothers to provide suitable nourishing milk to their babies in abundance. They were thereby also enabled to recoup their health and maternal tone.

Consistent with the new fangled ideas of æsthetics and facial beauty, the young women of to-day, have spurned the use

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Tabular Statement (adapted from Health Bulletin No. 23 Govt. of India.)

Foods, spices, condiments, etc.				Valuable Components					
Common English name	Botanical name	Hindustani name	Tamil name	Carbohydrate %	Protein %	Calcium %	Iron %	Vitamins	Calorific value per 100 gm
Human breast milk	..	Aurat ka dudh	Thayin pal	7·0	1·0	0 02	0 2	AB	67·0
Cow's milk	..	Gai ka dudh	Pasuvin pal	4·8	3·3	0 12	0·2	ABC	65·0
Curds	..	Dahi	Thayir	3 3	2 9	0·12	0·3	AB	51·0
* Areca nut	...	Supari	Pakku	47·2	4 9	0·05	1·5	A	248
Betel leaves	Piper betel	Pan	Vetrilai	6·1	3 1	0·23	5·7	AB	44.
† Rice	Oryza sativa	Arwâ chawal	Pachai arisi	78 0	8·5	0·01	2 8	AB	351
Wheat	Triticum vulgare	Gehum	Godhumai	71·2	11·8	0·05	5·3	,,	348
Bengal gram	Cicer aretinum	Chana	Kadalai	61·2	17·1	0·19	9 8	,,	361
Black gram	Phaseolus mungo	Urd	Ulundhu	60·3	24·0	0 20	9·8	,,	350
Green gram	Phaseolus radiatus	Mung	Payaru	56 6	24 0	0·14	8·4	,,	334
Horse gram	Dolichos biflorus	Kulthi	Kollu	57·0	22·0	0·28	7·6	,,	322
Red gram	Cajanus indicus	Arhar	Thuvarai	57·2	22·3	0 14	8·8	,,	333
Cow gram	Vigna catiang	Lobia bada	Karamani	55·7	24·6	0·07	3·8	,,	327
Field gram	Dolichos lablab	Val	Mochai	60 1	24·9	0·06	2·0	,,	347
Peas	Pisum sativum	Badu mattar	Pattani	56·6	19 9	0·07	4·4	B	315
Groundnut	Arachis hypogea	Moongphali	Nilakadalai	20 3	26 7	0·05	1·6	AB	549
Gingelly seeds	Sesamum indicum	Til	Ellu	25·2	18·3	1 45	10·5	,,	564
‡Cashew nuts	Anacardium occidentale	Kaju	Mundhiri	22·8	22·3	0 05	5 0	,,	596
Almonds	Prunus amygdalus	Badham	Vadham kottai	10 5	20·8	0 23	3 5	,,	655
Raisins	Vitis vinifera	Kishmish	Dhrakshai	77·3	2 0	0·10	4·0	,,	319
Ghee	..	..	Nei	..	...	...	..	A	..
Jaggery	Saccharum officinarum	Gur	Vellum	95 0	0·4	0·08	11·4	AB	383
Pepper	Piper nigrum	Kali mirch	Milagu	49·5	11 5	0·46	16·8	B	305
Coriander seeds	Coriandrum sativum	Dhania	Kottamalli virai	21·6	14·1	0·63	17·9	ABC	288
Cummin seeds	Cuminum cymenum	Zira	Jeeragam	36·6	18·7	1 08	31·0	,,	356
Cardomoms	Electaria	Elayachi	Elakkai	42·1	10 2	0·13	5 0	—	229
Ginger	Zingiber	Adrak	Inji	12 3	2·3	0·02	2·6	ABC	67
Omum	Carum copticum	Ajwan	Omum	38·6	15·4	1·42	14·6	—	379
Arisi thippili	Piper clusi	?	Arisi thippili	58 4	13·2	0 46	13 5	—	329
"Kanda thippili	Piper roxburghi	?	Kanda thippili	65 8	6 4	1·2	62·1	—	310
Garlic	Allium sativum	Lehsan	Ullipoondu	29 0	6 3	0 03	1·3	BC	142
Asafoetida	Ferula	Hung	Perungayam	67·8	4 0	0·69	22·2	—	297
Turmeric	Curcuma longa	Haldi	Manjal	69 4	6 3	0·15	18 6	AB	349
Cloves	Eugenina	Lavang	Kirambu	47·9	5·2	0·74	4·9	—	293

* Pansupari. †Protein food (Sprouted pulses.)
‡ Ingredients used in making the medicinal confection (*Lehiyam*).

of '*pansupari*' as they stain their teeth red. Lipsticks, sometimes containing deleterious chemicals, rouge and talcum powders however, find favour and liberal use with these fashion-folk! A glance at the tabular statement will show the dietetic and medicinal values of *pansupari* (arecanuts and betel leaves with a dash of calcium hydroxide). Pregnant women are advised to chew *pansupari* twice or thrice a day during term and more often (five or six times a day) during confinement, not without purpose. Betel leaves contain 9600 international units of vitamin A per 100 grammes, as carotene; while carrots contain only 3 to 4000 units per 100 grammes. The only other green leafy vegetables which contain very large amounts of carotene are coriander and curry leaves *karuveppilai* (Tamil) *gandhela* (Hindustani), 10 to 12000 units, as also drumstick leaves 10000 units and fenugreek leaves (*methi*) 4000 units. But it should be noted that all these with the possible exception of coriander leaves, are cooked before use and lose much of their vitamin content in the process. Betel leaves are chewed raw (uncooked) and so easily takes the first place in carotene-providing leaves.

In the name of modernity and civilization, our sisters have now come to show great contempt to these time-honoured well-tried and efficient methods of dieting themselves and feeding their babies with their own milk. Reliable and authentic statistics collected in various countries of the world during the last thirty-five years have revealed the deplorable fact that the health and physique of children during this period have shown deterioration mainly due to the absence of breast feeding for most of them. Even now, we see amongst the younger generation of men and women, those who were breast-fed show definitely much better health, physical stamina, and mental poise than the bottle-fed. Researches conducted in Europe and America on this important subject have confirmed the above finding. It therefore, behoves everyone of the women of India, to feel a sense of pleasure, take a pride and esteem it a privilege to feed their babies with their own milk during atleast the first six months and to this end, they should follow and abide by the dietary and therapeutic *regime* laid down and followed by their grandmothers and mothers with significant success.

Young mothers and prospective mothers! Take heed while it is not yet too late, and raise a progeny of robust young children who would be a pride to you, and an asset to the nation. Do not forget what our beloved Premier Rajaji, in the maturity of his wisdom and worldly experience, counselled you on the 25th September, 1952, *viz.*, "Learn to marry and live a married life. Home Science in Education is conceived for helping young women to live a good married life and make the home happy". 'Social club life' 'Gala parties' 'Tennis and Bridge' can all wait till you have discharged your sacred and primary basic duties as a loving, loyal and dutiful wife, and a real mother. JAI HIND.

No Play, Bad Work, and Poor Health

THE medieval student, according to the poet, spent his leisure "cheerfully wandering, blithesome and squandering; jesting eternally, quaffing infernally." His modern counterpart, the student of today, who has been examined, interviewed, selected and perhaps drilled in the Army before going up to the University, can hardly be expected to sparkle like his forebears Nevertheless, to those who believe that students have changed very little, it will come as a surprise to learn that the undergraduate of today either allows himself no leisure, or if he does take time off from his studies, makes little use of it. Yet this is the conclusion reached by Dr. A. H. Macklin of the University of Aberdeen Student Health Service.

Dr. Macklin studied between 1949 and 1951 the health interests, extra-curricular activities and academic ability of a number of Aberdeen undergraduates. They were medically examined and were asked how they spent their leisure in term-time and during vacations. Their performance in examinations was also recorded. It was found that, while 83 per cent of the students had taken part in organised games, and other activities, while they were in the high school classes, half of them had given up all physical activity on entering the University. When asked why, a quarter of them said, that they would like to take exercise and felt better for it, but that they could not spare the time; 33 per cent said that they had no inclination to take exercise, some of these also pleading want of time; 27 per cent "metaphorically shrugged their shoulders" and said they would like to play games or take up some activity but they had so far done nothing about it (!). 3·5 per cent said that they could not afford the expense of playing games; but when it was suggested that they could take exercise in the form of walking or hill climbing "replies were generally vague." 3·5 per cent, said that they had made an effort to join one of the athletic clubs but had been discouraged in one way or another; and 8 per cent were unable to take exercise because of physical disabilities. Only 16 per cent were found to be taking part in student affairs or taking an active part in clubs or societies.

When the students were questioned about reading books other than those needed for their studies, half of them said they had read none, the reason given in every case being lack of time. Of the remainder, few read books of cultural value. Only a little over half the students had other interests and hobbies and the remainder were unable to name anything in which they were particularly interested. Questioned about their vacations 83 per cent seemed to have a reasonable amount of

enjoyable recreation. 89·4 per cent found paid work during the vacation, (out-door or in-door work).

When they were re-examined, it was found that 79 per cent had not changed their habits; 10 per cent had stopped taking adequate exercise but 8·7 per cent who had previously taken no exercise had taken up some kind of activity. 11·4 per cent of the students began to take an interest in student affairs in their second and third years, but 3·8 per cent who had taken part in these affairs in their first year had lost interest. Of those who had read books unconnected with their studies 6·5 per cent had stopped doing so; but 1 per cent had begun to read such books. Questions about other useful interests showed that 89 per cent had not changed their outlook; 6·2% had given up what interests they had; and 4·7% had developed new interests. In the vacation 52% had undertaken paid work and 58% had had a reasonable amount of recreation during the vacation.

On comparing these results with the health and academic success of the students, Dr. Macklin found that on the whole those students who had activities outside their course—especially outdoor exercises—were healthier and had a wider educational range and a higher academic performance than the others. He also found that most of the students medically examined and classified as Grade I, took exercise and that students from wealthier homes were on the whole healthier than those from poorer homes. His conclusions may be summarized as under :—

(1) That a proportion of students at the University are living a totally unsuitable life. *It cannot be said* that those who spend the whole day in class rooms and their evenings at home or in lodgings, work for a large part of the week end, who take no part in the activities of their fellows, and who have no real interests outside of their work, are getting that wider, more liberal education which it is generally agreed that a University should provide or one calculated to place them in a position to face postgraduate life "with an outlook beyond the confines of an examination syllabus, with a well disciplined mind, with human interests and an intelligence able to move with the progress of human knowledge"—(Report of the Goodenough Committee on Medical Schools).

(2) That participation in extra curricular activities does not militate against academic distinction.

(3) That a number of graduates who leave the University with distinction have in fact received an education which has been wholly or largely "within the confines of an examination syllabus."

(4) That the majority of students in the lower groups of academic performance are to be found in those who are inactive and appear to have no interests outside of their work.

Discussing the reason why so many young people change their habits on entering a University (from the high school), Dr. Macklin points out that many lack the initiative to take up activities of any kind when they are not supervised as they were at school; only 20 to 30% are fitted by heredity

or training to adapt themselves in their new surroundings, and they are the *leaven* in every student effort. The second factor, 'he says, may be summed up in two words small in themselves but written large in the minds of prospective students, entering college; they are "*Work Hard.*"

"There comes a time in school when a particular pupil is noted as being a potential under-graduate. He is told that if he "*works hard*" and gains the necessary marks at his leaving examination, he can gain admission into a college. Parents are also told and add their encouragements to "*work hard*". The pupil is finally accepted; teachers congratulate him saying "well done! when you get into the college '*work hard*' and be a credit to us and to your school".. In the case of students who get a scholarship or half or full fees concession, the authorities make it clear that failure or inadequate progress will result in withdrawal of the concession. So "*work hard,*" is again urged upon the student. At the opening of session in college, the Professor meets his class and outlines the syllabus and advises them about books and so forth and finally adds "You will not find the course difficult provided you *work hard*".

"In this way", says Dr. Macklin "too much stress is laid on what is after all only one aspect of University life. Again, he thinks that the present day curriculum is overcrowded so thatthe time previously allotted to recreation is being encroached upon. The problem will only be solved when *students are made to understand that it is not healthy for them to be bottled up all day in class rooms and then spend their evenings and week ends much in the same way.* Prospective under-graduates should be told that University life holds many interests, outside the curriculum, which help to mould character. All aspects of university life should be given equal prominence. If this advice is first given at school and then repeated at the University, the official blessing would reassure the over-conscientious student who might otherwise feel that to spend time in an enjoyable and interesting way is discreditable. Macklin feels that it would probably be unwise to attempt any sustained control or regimentation but he suggests that it might be possible for a welfare officer to help those who lack initiative to make the best use of their leisure. Finally, he says that, as lack of time is so often given as a reason for inactivity, the curriculum should be eased whenever this is found to be possible.—(*The Lancet*, 13-10-1951).

How to Prevent and Control Acne

Leave all fried foods, chocolates, rich greasy desserts and cakes out of your diet for a full month Drop coffee, cocoa and tea completely and substitute fruit, fruit and vegetable juices and soups, milk or milk shakes. Have fresh fruits with breakfast, salads for lunch, and atleast two vegetables with dinner. This will curtail the overactivity of the sebaceous glands in the skin and lead to a good clean up of the pimples and acne.—*(The Family Physician and Good Health*, London, Sep. 1952).

TEN USEFUL TIPS TO THE DOCTOR

D. N. DEBSARMA,
Medical Officer, I/c., Govt. Subsd. Dispy., Kaziranga, Assam.

1. Give your patients every opportunity to narrate their history of suffering in the fullest detail; you may thereby get several clues to aid in the diagnosis of the disease.

2. Listen to the patient closely so that not a single point of his history is missed or passed over, because a minor detail which may appear unimportant, may really furnish a valuable clue in diagnosis.

3. Be sympathetic to the patient and win his confidence. The slightest neglect in this respect may upset him and make him ignore your advice altogether.

4. Examine the patient thoroughly with an open mind; Hasty and haphazard unsystematic examinations, and prejudging the issue may mislead you in diagnosing the condition correctly.

5. Try to secure the maximum benefit to the patient by using the minimum quantity of medicines. Guard against overdrugging. See that the medicines which you prescribe are locally available, and are within the means of the patient.

6. Hearten the despondent patient and give him hopes that the Almighty will help him to get over his suffering. Such hope and faith in God will help the patients to recover. Psychotherapy may do the trick, where drugs fail.

7. See to it that the patient's money is spent prudently. This is important particularly in a poor country like India. Your fees should also be consistent with the patient's financial circumstances —and should not be oppressive.

8. Help the patient in arranging for the treatment of his ailment, even for any reason, if you have discontinued treating him.

9. Do not discuss your patient's condition with others; for your patient may resent and may even hide from you some important information about his illness. Do not disclose confidential matters relating to your patient to others except when obliged by law to do so.

10. Be always polite to your patient. The affliction of the patient may be increased if his feelings are wounded by your incivility or curtness. Due attention should be paid also to the mental health of the patient.

Spices are Good for Health

It is sound policy to spice foods, as spices are sources of vitamins and medicinal principles. Did you know also that paprika (chillies) contained vitamin C? Curry powder is a good liver tonic Spice fruit dishes with cinnamon, nutmeg or mace. Vanilla goes well with dessert. But get the genuine natural products and not synthetic extracts. —(*Good Health and Family Physician*, Sep. 1952).

[NOTE:—An article on Infant Welfare in this issue by one of our regular contributors, Sri R. Dwarakanath B A. (Hons.) gives a tabular statement giving the nutritive and medicinal values of the more important spices which will be of interest in this connection.—ED. HEALTH].

DENTAL CARE*

N. S. BALACHANDRAN,
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I. School dental service.— "The problem of the child is the problem of the race and to waste the life of the child is to waste the raw material of the State".

Good health is the basic requirement for all action and success in life. The health of the children is the foundation on which a sound educational system should be built up. The real objective of a liberal education should be to train the student for entering life and equip him with training suitable for the correct performance of his duties in life. It is therefore, necessary to ascertain if our present system of education is the one best suited to fulfil these objectives. Education, as such in its broader aspect is beyond the scope of this paper. The education now imparted to our students stops with the school and college and is not of an abiding nature It therefore, calls for a radical change, by a thorough overhaul if it should advance us mentally, physically and morally. Health education must find a prominent place in the curriculum of studies in our schools.

The School Dental Service is an imperative and urgent need in our schools in India. Even the cursory medical reports on children in the schools where some sort of medical inspection is done, show that a large number of them suffer from dental diseases, the most common condition being caries of the teeth. Dental ailments among children outnumber nearly all other physical defects put together. The most effective way to tackle this problem is to institute an efficient dental service in schools, where alone of all places, physical defects in children can be detected, eliminated or prevented most efficiently and satisfactorily.

Besides providing for adequate facilities for efficient treatment of dental troubles, children should be imparted knowledge on:—how to take care of their teeth, how to prevent dental diseases and decay, what kind of foods they may eat and why they should keep their teeth and mouth always clean and how dental hygiene influences the maintenance of general health.

Children are by nature curious, highly imitative and they always like to ask questions. When we explain things to them, in simple and clear language, they quickly grasp the ideas and put them into practice. They must be taught that their normal growth and health depend largely on proper digestion of the food they eat and that this can be achieved only with sound teeth properly used. In schools this can be accomplished very effectively by talks on dental hygiene in the shape of stories, exhibitions, and lantern demonstrations, to suit the ages and aptitudes of the children. In order to stimulate active interest, prizes should be awarded to those

* Adapted by the author from his book *"Mouth Care Imperative"* in the press.

who keep their teeth and mouth always clean. Thus by teaching the young ones the importance of oral hygiene and disease prevention and by making them teeth-conscious, dental education can be made to spread into homes and to the adult population also.

II. Effects of excessive betel-chewing.—"The habit of betel-chewing, if not overdone, is a good method to promote exercise of the teeth and the jaws; it is conducive to a generous flow of saliva." —Dr. W. Balendra, Dental Hospital, Colombo.

Chewing betel with arecanut, lime and tobacco—is an age-old habit and almost a universal custom in India, Ceylon and in many other Asian countries. The habit if indulged in to excess is definitely injurious, not only to the teeth and mouth but also to the general health of the user. Occasional chewing of betels is not harmful to either teeth, gums or mouth. Even regular chewing in moderation, confined to say, 2 to 3 times a day is permissible and helpful too in maintaining health, but the teeth which will get stained should be cleaned and the mouth gargled thoroughly well after every chewing. It is the tobacco which is the most harmful agent in producing disease and illhealth. Harmful results occur only when it is chewed excessively as in the case of persons who keep chewing all day long and sometimes even keep the quid in their mouths while asleep. In such cases, the teeth, gums, tongue and the mucous membrane of the mouth all suffer damage. The teeth stain red at the beginning but later become dark brown. The gums get inflamed and have the appearance seen in pyorrhoea. The tongue and mucous membrane present a dark red colour with granulations all over. The inflamed condition of the gums loosens the teeth from their sockets and may make them fall out. There will be bleeding from the gums around the teeth and sometimes pus also oozes out.

Constant chewing and the chemical action produced in the mouth by the lime, cause the teeth to loosen and thereby get separated assuming unnatural positions. Such tilted teeth form a source of constant irritation to the cheek, tongue and lips where ulcers may form, which may later assume malignancy as a result of the continued chewing, and ultimately result in cancer. Though there is no evidence that the betel-chewing habit has a direct relation to the causation of cancer, there is no doubt that the incessant irritation set up by constant chewing on the mucous membranes, tongue and lips produces conditions favourable for the growth of cancer in any of these situations. All excessive betel-chewers do not develop cancer and conversely, all patients suffering from cancer of the mouth are not excessive betel chewers.

The causes of cancer have not yet been finally determined. Whether excessive betel-chewing *per se* comes to be ultimately incriminated or not, when it is known that the results of chewing on the oral structures can be one of the exciting causes of mouth cancer, why should one deliberately expose oneself to this grave risk of developing cancer? In view of this

serious possibility it is advisable that all excessive betel chewers cut down their quota, to the minimum limits possible. It will be difficult indeed to give up all at once a habit formed and deep rooted. But under pressure of necessity and to avoid serious illness, one has sometimes to give up the very things he fancies most or likes best. And with an exercise of one's will power this can be achieved. As stated before, moderate chewing of betel leaves —once or twice a day, without tabacco—will do no harm, and will on the other hand, help digestion and also the general health.

[Betel leaves contain 9600 international units of vitamin A (as carotene) in 100 grammes—about 25 to 30 medium sized leaves—and an appreciable quantity of iron in an easily assimilable organic state—says Sri Dwarakanath in his article on *Infant welfare* published elsewhere in this issue.—ED. HEALTH].

How We Learn To See

THE first step in learning to see is fixation of objects in the line of view. Newborn babies usually accomplish this within five weeks. Only when an object is looked at directly and followed by the eyes does it form a clear image on the light-sensitive layer of the eye's background—the retina. The sense of touch helps a baby to connect what he sees with its image on the retina. It takes him about six months to acquire this power of orientation. About the same time he begins to coordinate the movement of both eyes more precisely. This is essential for proper binocular vision, the art of seeing with the two eyes simultaneously. The greatest precision is absolutely necessary and indispensable in eye-coordination to project optical images of objects on exactly corresponding places of the retinæ—(the back-grounds of the eyes). Only when the position of both eyes is properly adjusted; are we able to perceive the depth and distance precisely and accurately. It takes nearly six years for a child to master binocular vision and depth perception. Single vision is possible only when the position of both the eyes is coordinated by reflex. The reflex which brings this coordination is called the fusion reflex. Some-things that can be done to facilitate the visual learning process are good illumination, ample opportunities for relaxing distant vision plenty of outdoor life, and sensible moderation in exposing children to television.—(*Today's Health*, vol. 30, p. 24, 1952 and Abst. in *Sight-Saving Review*, Summer, '52.

Tips to Denture Wearers

To be happy with false teeth, a patient should be taught certain tricks for wearing dentures and not be left to find them out for himself—the hard way. So says Dr. Frank M. Kyes, who lists these useful tricks in the *Journal of the American Dental Association*: Push inward and upward when biting such foods as apples and carrots. Chew with an up and down motion and as little sidewise movement as possible. Keep the tongue low and forward in the mouth. Close, suck, and swallow often when dentures are first fitted, to seat them solidly."—(From "*Your Life*").

Equanimity and Sweetness of Temper Aid Long Life

LORD HORDER, who is usually called in when some member of the British royal family is ill, is eighty-two. He was asked by Dr. Morris Fishbein, former editor of the *Journal of the American Medical Association*, about the living rules which enabled him to continue his activities as a physician at such an age. He answered in one word, "Imperturbability." Dr. Fishbein is sixty-two and is declared by his friends to be the busiest man they know. He is a writer, lecturer and traveller, and is engaged in various enterprises. At a meeting of the American Medical Association in Chicago he elaborated on this prescription by Lord Horder. It might be interjected that the great Dr. William Osler had a word for it which is easier to spell and to pronounce and which has a pleasanter sound. It is "equanimity." Dr. Fishbein gave this advice. "Don't raise your voice. Don't get angry. Don't get crowded. Take up one thing at a time. You cannot avoid trouble but you can meet it with equanimity. Don't argue, particularly about trifles. For long life it is important that we remain low in five particulars: blood pressure, pulse rate, metabolism (which means the rate at which the body carries on its processes) in number of calories eaten and in the threshold of humour. A joke may be as good as a pill."

The phrase "Milk from contented cows" has more truth and significance than most advertising slogans. Repeated tests have shown that cows disturbed by noise or by being mistreated in any way, give less milk. In one dairy farm it was noticed that production was off for several days, jumped back to normal for one day, then was down again. The explanation was simple. Carpenters were doing a lot of hammering in making repairs. On Sunday they did not work. In human beings we do not commonly find so immediate a response to upsets. But in a big factory it was observed that occasionally workmen fell below their usual output. Tactful inquiry by the foreman sometimes brought forth this explanation: "I had a row with my wife last night and was all broken up about it."

There is abundant medical evidence that many physical ills are due directly to emotional causes. Large numbers of persons get into a kind of disequilibrium which interferes with the normal progress of their lives. The best proof of this is the large number of draftees who have to be rejected for psychological reasons. The condition may progress until confinement in a mental institution is necessary. Whether you call it imperturbability, equanimity, contentment, tranquility, composure, serenity or self possession, it is a most valuable ingredient in any programme for long and happy life.—(*Good Health*, U.S.A., Sep. 1952).

Early risers are conceited in the morning and tired in the afternoon; what we need is more free speech worth listening to.—*H. B. Ducket.*

American Doctors' Incomes Have Greatly Increased in 20 Years

A PUBLISHED report on a survey made in 1950 by the United States Department of Commerce in conjunction with the American Medical Association, reveals very interesting data relating to the American doctors' incomes. The average net income of every one of the 30,000 doctors in 1949 was 11,058 dollars (nearly Rs. 52,000 in Indian money) per annum. Independent private practitioners earned on an average 11,858 dollars(Rs. 55,600) and salaried practitioners earned on an average 8272 dollars (Rs. 39,280). The annual *net* incomes of specialists, part specialists and general practitioners were 15,014 (Rs. 71,300); 11,758 (Rs. 55,200) and 8835 dollars (Rs. 42,000) respectively. Neurological surgeons had the highest net income 28,628 dollars (Rs.136,000) among the specialists, and were followed by pathologists with 22,284 dollars (Rs. 105,850), gynæcologists with 19,283 dollars (Rs. 91,595), orthopædic surgeons with 18809 dollars (Rs. 89300) and radiologists with 18,540 dollars (Rs. 88,000) per annum on an average.

The report gives some interesting particulars of the variations of doctors' incomes in relation to size of the community. American cities were classified for this purpose, according to size, into 11 groups, the first consisting of cities with fewer than 1000 inhabitants, and the eleventh with 1,000,000 or more. The *lowest* mean net income of doctors in independent practice 7109 dollars (Rs. 33,600) was found in the smallest cities. Mr. Weinfeld of the U. S. Department of Commerce, thinks that the facts elicited in the survey "suggest in a general way" that communities with fewer than 2500 inhabitants have too few doctors, and that in communities of between 2500 and 25,000 inhabitants there is a fairly even balance of doctors and population and that in the more populous communities there is an excess of doctors which becomes still larger as the size of the community increases. The report affords striking evidence also of the influence of age upon the size of the doctor's incomes. The following table relates to the average net income of doctors in independent private practice.

Age (years) of doctor	Below 30	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60–64	65 years over
Income (dollars)	6787	9806	12,608	14,476	14,967	13,952	13,226	9896	5293

The report also includes comparisons between the economic position of American doctors in 1949 and in 1929. The average net income of all civilian doctors rose from 5304 dollars to 11,058 dollars. There was virtually an *equal increase in the incomes of all wage earners* in the general population. The increase in doctors' incomes represents in Mr. Weinfeld's opinion "a very substantial increase in real incomes".—(*The Lancet*, 13–10–1951).

What Price Eyesight?

According to newspaper reports the Massachussets legislature has passed and Governor Paul A. Dever signed on May 5, 1952, a bill authorizing the town of Marshfield, Massachussets, to appropriate and pay a sum of money to Lawrence M. Sinnott, on behalf of the 17 year-old Jacqueline Sinnott, former high school student, who was blinded last year. In a chemistry laboratory experiment in the public school a test tube blew up in Miss. Sinnott's face, resulting in the loss of sight of both her eyes. She is now a student at the Perkins Institution for the Blind in Watertown. The sum to be paid amounts to $3500, for hospital and medical expenses, an annuity of $ 1200 yearly. According to her life expectancy of 57 years, the town will thus be obligated to pay an estimated sum of $ 68400 (approximately Rs. 3,25,000) in annuity and a total of $ 71,900 for this tragic laboratory accident!!

Some schools and universities require the wearing of shatter proof glasses and eye shields during chemistry experiments which are potentially dangerous. If the town of Marshfield had provided this protection, a practice which should be generally followed, this needless loss of sight probably would not have occurred.—(*Sight Saving Review*, Summer 1952).

[Note.—Laboratories in our country (India) would do well to take note of this unfortunate accident which resulted in avoidable loss of sight to the girl and of a huge sum of money to the civic administration towards payment of damages to the poor girl.]—Ed. Health.

Some Psychological Aspects of Injuries: Who are Accident-Prone Persons?

Dr. D. Cappon, a leading psychologist of America, studied the problem of psychology in relation to injuries and found that the personality of those patients prone to recurring accidents is usually that of a young person outwardly restless, vivacious, immediate in his demands and action, not able to wait, impulsive, quick in judgement, often taking a chance, boastful, not taking pleasure in intellectual pursuits but very interested in athletics and in medical and health subjects as they affect the body. They are people who rebel early against parental authority and gain independence often at the cost of buried aggression and psychological guilt. A curious feature is that the more concerned they are with their body in the sense of fearing mutilation, the more the likelihood of "accidentally" injuring themselves. While often outwardly happy-go-lucky and sociable, they are inwardly aggressive; in their childhood development, nail-biting, enuresis (bed-wetting) and occasional delinquencies are notable.—(*Canadian Med. Assoc. Jour.*, Oct. 1951).

Qualifications for Specialists!

Sir Robert Hutchison once said to his class of medical students "Gentlemen I have recently contracted matrimony. If providence sees fit to bestow on me progeny and that progeny be of the male sex, I shall one day have to consider his future. If he be a brilliant lad far above normal, I shall make of him a physician. If he be merely normal, I shall make of him a surgeon. If he be slightly subnormal I shall make of him a gynæcologist, but, gentlemen if he be absolutely mentally defective, I shall make of him an ear, nose and throat surgeon!—(Told by Dr. Hunter in *Arch. Dis Childhood*, Oct. 1951).

Hospital Wards And Their Names: Old And New

THE inpatient wards of the Madras General Hospital which were named after notable persons in the past have now been given numbers instead—so we learn. It is the other way about in some of the bigger hospitals in England: Writes a peripatetic correspondent in the *Lancet* for Oct. 13th 1951, "Our hospital wards have hitherto been known by a letter and a number, the letter representing the ward block. This plan has made the wards easy to find; and B3 and C2 are easy to write on the case-sheets and pathological forms. But now they are to be given names instead. We might have commemorated famous men and called our own ward *Charcot's Joint* (Charcot was a French neurologist) but this is not to be Our male wards must be named after trees and our female after flowers. We shall soon "see men as trees walking" and will be doing our ward rounds in *Daffodil* and a blood transfusion in *Blue bell*. The possibilities seem worthy of some intensive research. Diabetics should clearly go to the "*Sweet Pea*" ward, our jaundices into *Mock Orange*. The eye ward must obviously be *Iris*. and the skin ward *Scabious*. Perhaps the small ward for sick members of the staff will be called *Medick* (*Medicago Sativa*). The surgeons have a rich choice among British wild flowers, for we have *Bladder-wort*, *Pilewort* and even *Hairy rupture wort*. Our cardiologists will want to work in *Heart's ease*. For our thriving premature-baby unit "*Passion fruit*" seems more suitable than *Passion flower*: *Love-lies-bleeding* might have been made for the gynæcology ward, and *Love-in-a mist* seems apt for the antenatal ward. So perhaps the threatened change will be an advance after all.

Seasonal Variations in Vitamin A Potency in the Milk of Cows and Buffaloes

SRI KALYANAKRISHNAN and his co-workers working at the Indian Dairy Research Institute at Bangalore studied the seasonal variations in the vitamin contents of cow's and buffaloes' milks; milk samples from 37 Sindhi, 19 Gir, 5 Tharparkar and 50 cross-bred cows and 10 buffaloes were collected fortnightly for a full year; the cream was obtained by gravity separation and churned into butter. The carotene content of the butter fat was estimated. The vitamin A content of the butter fat of all breeds increased during August, September and October when the large amount of carotene from green fodder was available. The daily carotene intake of the animals ranged from 240 mg. in March to 2191 mg. in October.—(nearly ten times more). The composition of the original milk samples was calculated from the vitamin A content of their butter fat. The average total vitamin A potency of the different breeds of cow was about the same, and ranged from 326 to 1057 International units per pound. Buffalo milk, though low in carotene had rather higher values which ranged from 440 to 1330 I. U. per lb. These higher values were due to the larger percentage of fat in buffalo milk, of which the fat was slightly poorer in Vitamin A than the fat from cow's milk: (*Nutr. Abst. Rev:* July 1952. from *Ind. Jour. Dairy Sci.*, 4. 1951).

Transplantation of Tooth—Austrian's Success

A human tooth has been successfully transplanted from one person to another in Vienna.

Dr. Kalman Keresztesi, Lecturer at the University Dental Clinic, explained this unusual operation on Tuesday before the Association of Austrian Dentists.

Three years ago, he had to remove a tooth from the jaw of a 10-year-old boy owing to an abscess. He transplanted it to the jaw of a 30-year-old woman in a corresponding position. The tooth grew normally and had given the woman no trouble.—(*The Mail*, Dec. 16, 1952).

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Medical and Health Topics from Periodicals

Human Nature

A doctor in California is making a name for himself by his success in reducing overweight in women. Asked his secret he replied "I get a head start on a case, that's all On the patients' first call, I spend only a few minutes with her. Just long enough to weigh her and instruct her to keep a complete written record of every bite she eats during the two weeks until her second appointment. And" he smiled, "by the end of these two weeks most patients have already lost about ten pounds in weight".—(J.C.S. in *Reader's Digest*, Nov. 1952).

Happy Memories

Few people have learnt the art of collecting happy memories; they collect stamps,old China, prints and books,—all good and pleasant but fragile and perishable. But happy memories, are indestructible possessions which nothing can take from us.—I B R in *Reader's Digest*, for Nov 1952.

A tip to girls

Lord Reith told girls at a School, at Cambridge :

"Try and look a man in the face, straight in the eye, whether he is a convict or a king.

"You should have two objects when you look a man in the eye. To make an impression on him, and to get an impression of him "—*The Mail*, Madras.

Protein requirements of Infants

Albanese *et al* carried out an investigation on the amino-acids (proteins) required by infants and were able to confirm the findings of other observers with regard to the amounts present in breast-milk and other sources of protein used in infant feeding. They found that infants aged from 4 to 12 months required 4 to 3 gm. of protein for every 2 lb. of body weight daily and that the average breast fed infant would receive 4 gm. at one month, 2·4 gm. at 3 months, 1·8 gm at 6 months and 1·6 gm at 9 months Unsupplemented breast feeding beyond 3 months is likely to be nutritionally inadequate in most cases The diet supplements should therefore contain good quality protein such as will be available in cow's or other milk and not as cereal protein.—*Paediatrics*, 8, 1951.

The Advance of Medicine in Australia.

The Australian Medical Congress was officially opened in Melbourne on 25th August, some 3000 delegates being present. The Governor-General Sir William Mckell in his opening address compared the position of Medicine in Australia today with its position at the time of the last Congress to be held in Melbourne, which was in 1923. Since that time great progress has been made It is now rarely necessary for sufferers from any form of disease, or requiring any form of surgical operation, to have to be sent abroad for treatment. On the other hand, the four Australian Medical Schools, in Melbourne, Sydney, Adelaide and Brisbane, are now becoming insufficient for the training of the number of medical practitioners necessary owing to the growth of population. The provision of medical schools in Western Australia and Tasmania is long overdue, and additional schools in some of the provincial towns of the larger States is desirable In emphasising the urgency of these developments, Sir John Newman-Morris, Deputy Chancellor of Melbourne University, said that the standard of medical learning in Australia was in danger of being weakened by this inadequate accommodation for those who wished to study medicine —(*Jour. Roy Soc. Hyg. Trop. Med* , 1952).

The young are always ready to give those who are older than themselves the full benefit of their *inexperience.*—(*Oscar Wilde*).

* * *

It is not hard to find the truth; what is hard is not to run away from it once you have found it.—(*Etienne Gilson*).

* * *

Market Special :—At a green grocer's shop, Chandrika pointed to a large cabbage and asked how much. "One rupee six and a half annas" said the green grocer.

"How can you tell without "weighing it"? she demanded.

"Madam," said the grocer shaking his head wistfully "that thing has been weighed five times this morning"—(Adapted from *Daily Life*).

* * *

Every human being has a quota of loneliness. The way he invests his lonely moments, determines to a large extent the success or failure of the rest of his day.—(J. Z O. in *Reader's Digest*, Nov. 1952).

* * *

The sense of humor is the oil of life's engine. No lot is so hard, no aspect of things so grim, but it relaxes before a hearty laugh. (G.S. Merrien, *Good Health*, U S.A., Sept. '52).

* * *

Do something for somebody somewhere
While jogging along life's road ;
Help some one to carry his burden
And lighter will grow your own

— ***Anonymous.***

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